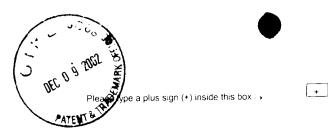
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PTO/SB/21 (08-00)
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. 09/608,713 Application Number June 30, 2000 Filing Date TRANSMITTAL First Named Inventor AGO, HIDEO **FORM** Group Art Unit 1631 (to be used for all correspondence after initial filing) GALITSKY, NIKOLAI M. Examiner Name SHIM-007 Attorney Docket Number Total Number of Pages in This Submission ENCLOSURES (check all that apply) After Allowance Communication Fee Transmittal Form Assignment Papers to Group (for an Application) Fee Attached Appeal Communication to Board Drawing(s) of Appeals and Interferences Amendment / Reply Licensing-related Papers Appeal Communication to Group After Final (Appeal Notice, Brief, Reply Brief) Petition Affidavits/declaration(s) Proprietary Information Petition to Convert to a Extension of Time Request Provisional Application Status Letter Express Abandonment Request Power of Attorney, Revocation Change of Correspondence Supplemental Information Other Enclosure(s) (please Address Disclosure Statement identify below): Terminal Disclaimer **Exhibits** Certified Copy of Priority Supplemental PTO/SB/08A Documents Copy of postcard Request for Refund Copy of IDS Response to Missing Parts/ Copy of PTO/SB/08A 5. CD, Number of CD(s) ____ Incomplete Application Copy of References 6 Postcard Response to Missing Parts under 37 CFR 1.52 or 1.53 Remarks SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT RECEIVED Firm JAMES S. KEDDIE, PH.D., Reg. No. 48,920 DEC 1 1 2002 Individual Name Signature TECH CENTER 1600/2900 December 6, 2002 Date **CERTIFICATE OF MAILING** I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: December 6, 2002 Typed or printed name Susan M. Alessi Date December 6, 2002 Signature

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Patent fees are subject to annual revision.

Complete if Known						
Application Number	09/608,713					
Filing Date	June 30, 2000					
First Named Inventor	AGO, HIDEO					
Examiner Name	GALITSKY, NIKOLAI M.					
Group Art Unit	1631					
Attornov Docket No.	SHIM-007					

					Group Art Unit				1031		
TOTAL	OTAL AMOUNT OF PAYMENT (\$) 180.00		Attorney Docket No. SHI				SHIM-007	SHIM-007			
METHOD OF PAYMENT					FEE CALCULATION (continued)						
The Commissioner is hereby authorized to charge indicated fees and credit overpayments to: Deposit Account Number 50-0815					3. ADDITIONAL FEES Large Small Entity Entity						
Deposit Account Number 30-0013 Deposit Account Name Bozicevic, Field & Francis LLP The Charge Any Additional Fee Required						Fee Code	Fee (\$)	Fee C⊎de	Fee (\$)	Fee Description	Fee Paid
☐ CI	harge	Any Add	ditional F	ee Required		105	130	205	65	Surcharge – late filing fee or oath	
Under 37 CFR 1.1 6 and 1.17 Applicant Claims small entity status. See 37 CFR 1.27					127	50	227	25	Surcharge – late provisional filing fee or cover sheet		
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	icer.			ALCULATION		112	920*	112		Requesting publication of SIR prior to Examination action	
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Fee	F	ee Fe	e Fee	Fee Description	Fee Paid	115	110	215	55	Extension for reply within first month	ECEIVE DEC 1 1 2002
Cod		-, -	ode (\$) 01 370	Utility filing fee		116	400	216	200	Extension for reply within second month	\circ
101 106				Design filing fee		117	920	217	460	Extension for reply within third month	
107				Plant filing fee		118	1,440	218	720	Extension for reply within fourth month	<u> </u>
108			08 370	Reissue filing fee		128	1,960	228	980	Extension for reply within fifth month	2
114			14 80	Provisional filing f	ee	119	320	219	160	Notice of Appeal	2002
				•		120	320	220	160	Filing a brief in support of an appear	2
				SUBTOTAL	(1)	121	280	221	140	Request for oral hearing	
1. EX	TRA	CLAIM	FEES			138	1,510	0 138	1,510	Petition to institute a public use proceeding	ng
				Fee from	Fee Paid	140	110	240	55	Petition to revive – unavoidable	
Total Ci	aims	24 - <u>2</u> 0*	Extra C	X	=	141	1 28	0 241	640	Petition to revive – unintentional	
Indep. C	Claims	5-3**	=	x		142	1,28	0 242	640	Utility issue fee (or reissue)	
Multiple	Depe	ndent		=		143	460	243	230	Design issue fee	
						144	620	244	310	Plant issue fee	
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Code	(\$) 18	Code 203	(\$) 9	Claims in exces	s of 20	126 581	180 40	126 581	180 40	Submission of Information Disclosure Str Recording each patent assignment per	100.00
102	84	202	42	,	ms in excess of 3	146	740	246	370	property (times number of properties) For each additional invention to be	
104	280	204	140	,	ent claim, if not paid	149	740	249	370		
109	84	209	42	** Reissue indep over original p	endent claims atent	179	740	279	370	examined (37 CFR § 1.129(b)) Request for Continued Examination (RCI	E)
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SUBMITTED BY	lamas	. Keddie, Ph.D.	_	u I	Registration No	48,920	Telephone	(650) 327-3400		
Name (Print/Type)	James 4		1	HA &	(Attorney/Agent)		Date	12/06/2002		
Signature	1	euns	>	rena	ν(Date	12/00/2002		

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